

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3091AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2008
NAME OF PROVIDER OR SUPPLIER THE BRIDGE AT PARADISE VALLEY ASSTD LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2205 EAST HARMON AVE. LAS VEGAS, NV 89119		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of an annual state licensure and complaint survey conducted in your facility on June 7, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 91 total beds.</p> <p>The facility had the following category of classified beds: 81 Category 1 beds and 10 Category 2 beds.</p> <p>The facility had the following endorsements: Residential facility for the elderly or disabled persons Residential facility for persons with mental illnesses</p> <p>The census at the time of the survey was 54. 15 resident files were reviewed and 10 employee files were reviewed.</p> <p>Complaint #18333 was investigated and found to be substantiated, see Tag Y816.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 434	Continued From page 1	Y 434			
Y 434 SS=D	<p>449.229(3) Emergency Drills</p> <p>NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.</p> <p>This Regulation is not met as evidenced by: Based on documentation review, the facility failed to ensure a drill for evacuation was performed monthly.</p> <p>Findings include:</p> <p>Review of the facility's fire drill documentation revealed the facility failed to conduct a drill during May 2008.</p> <p>Severity: 2 Scope: 1</p>	Y 434			
Y 816 SS=D	<p>449.2732(3)(b) Protective Supervision</p> <p>NAC 449.2732 3. The administrator of a residential facility with a resident who requires protective services shall ensure that: (b) There is a written plan for providing protective supervision for that resident.</p>	Y 816			

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Y 816	<p>Continued From page 2</p> <p>This Regulation is not met as evidenced by: Based on record review, document review and interview, the facility failed to ensure a written plan was provided for the protective supervision of 1 of 15 residents (#15) following the resident's initial falls soon after admission.</p> <p>Findings include:</p> <p>Record review: Review of a Standard Placement Determination document, dated 2/5/08, indicated the resident was determined to be a Category 1 resident and was appropriate for placement at the facility.</p> <p>Review of a Resident Note entry, dated 3/10/08 at 1:00 PM, indicated the resident incurred a fall while walking back to her apartment and suffered an apparent rug burn. It was indicated in the note that the resident's daughter and Dr. Gonzales were notified about the incident. It was further indicated in the note, the physician ordered the resident to be on checked every 2 hours.</p> <p>Review of a second Resident Note entry, dated 3/10/08 at 2:15 PM, indicated the housekeeper notified the author of the note that Resident #15 had fallen in her room and was found lying on her living room floor with no apparent injury. It was indicated in the note that phone messages were left for both the resident's daughter and Dr. Gonzales following the second fall.</p> <p>Review of a Resident Note entry, dated 3/18/08 at 9:00 AM, indicated Resident #15 was found in her room on the floor, in an apparent attempt to change her undergarments. It was indicated in the note that the resident incurred a scrape on her right leg, and antibiotic ointment was applied.</p>	Y 816			

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Y 816	<p>Continued From page 3</p> <p>The entry included that both the daughter and Dr. Gonzales were notified, with orders to continue monitoring the resident and have her call staff when she required assistance.</p> <p>Review of an additional entry, dated 3/18/08 at 2:00 PM, indicated staff notified Dr. Gonzales again to remind the physician that 3 falls have occurred during the month of March 2008, by fax. The physician replied by returning the same fax with a note to instruct staff to set-up an appointment with him or another physician for a re-evaluation.</p> <p>Review of a Resident Note entry, dated 4/7/08, indicated the resident was found on the floor. It was written in the note that the resident slid from her chair to the floor.</p> <p>Review of a Resident Note entry, dated 4/24/08, indicated the resident was found sitting on the floor near her chair. No apparent injury was indicated in the note.</p> <p>Review of a Resident Note entry, dated 5/4/08, indicated the resident was observed to have a "pretty good bump on her head." It was indicated the resident was unaware of what happened. It was indicated in the note that the daughter was notified.</p> <p>Review of a Resident Note entry, dated 5/11/08 at 7:00 AM, indicated the resident was checked by staff and observations were made of the resident's hip as "swollen and bruised." It was indicated in the note that the daughter was notified and she instructed the facility to call 911 and transport her to Desert Springs Hospital for evaluation.</p>	Y 816			

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Y 816	<p>Continued From page 4</p> <p>An entry at 10:55 AM on 5/11/08, revealed the resident returned from the hospital with her daughter, and the evaluation was negative for a fracture to the hip.</p> <p>Review of a Resident Note entry, dated 5/18/08 at 7:20 PM, indicated the resident was found on her floor with a "deep cut in her left elbow." It was indicated in the note that the resident's daughter came to the facility and transported the resident to receive medical attention and did not mention where she was transporting the resident for care.</p> <p>Review of a Resident Note entry, dated 5/19/08, indicated the resident was unable to feed herself and was unsteady on her feet. It was indicated in the note that staff placed the resident back into bed to rest. Also, the resident apparently suffered a fractured finger (5th digit on left hand) as indicated in the entries on the 19th.</p> <p>Review of a Resident Note entry, dated 5/21/08 at 2:45 PM, indicated the the physician was called related to a request for possible home health assistance. It was written in the note that the resident was unable to eat, staff has to feed her, and to do the dressing changes. It was further indicated in the note that the resident was on 1 hour checks for fall risk. It was also indicated in the note that the General Manager of the facility was notified concerning the falls.</p> <p>Review of a Resident Note entry, dated 6/4/08, indicated the resident was found in her room on the floor in front of her chair. It was indicated in the note that both the daughter and physician were notified. No apparent injury indicated or complaints of injury by the resident.</p> <p>Review of a Resident Note entry, dated 6/7/08,</p>	Y 816			

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Y 816	<p>Continued From page 5</p> <p>indicated the resident called staff to her room and the resident was found on the floor. It was indicated in the entry that during a morning clothes change, staff noticed a small skin tear the right side of her back.</p> <p>Document review Incident Reports were reviewed and revealed they were generated for each adverse event.</p> <p>There was no documented evidence of any written plan to protect the resident and available for review by the direct caregivers or other staff involved in the care of the resident.</p> <p>Interview: During an interview on 6/7/08, the General Manager indicated the resident liked it at the facility and both the physician and daughter were aware of the resident's falls. She indicated that she wasn't receiving a lot of feedback from the resident's former physician, Dr Gonzales, and her current physician, Dr. Chandler. She mentioned that the physicians would order every 2 or 1 hour visual checks to ensure the resident was safe or provided any required medical attention if needed.</p> <p>The General Manager was interviewed if there was a written plan to instruct caregivers and other staff on how to protect the resident from falls. The General Manager knew of no plan currently in-place.</p> <p>The General Manager further indicated that she and the Residential Coordinator would advise the resident and daughter that the resident would require a higher level of care. The General Manager indicated she would contact Life Care for possible placement, however the daughter</p>	Y 816		

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Y 816	Continued From page 6 (Power of Attorney) did not want to send the resident to a skilled nursing facility. The General manager also mentioned that it was hard sometimes to get ahold of the daughter due to her own husband having health issues, but every attempt will be made to keep the resident safe prior to a final decision to transfer the resident out. Severity: 2 Scope: 1	Y 816		
Y1001 SS=D	449.2758(1) Training Requirements NAC 449.2758 1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents. 2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities. This Regulation is not met as evidenced by: Based on personnel file record review, the facility failed to ensure 3 of 10 employees (#2, #5, #6) received not less than 4 hours of training related	Y1001		

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Y1001	Continued From page 7 to individuals who were elderly or disabled, within the first 60 days of employment. Findings include: Employee #2, hired 1/14/08, revealed no documented evidence of 4 hours of initial training related to individuals who were elderly or disabled within the first 60 days of employment. Employee #5, hired 1/24/08, revealed no documented evidence of 4 hours of initial training related to individuals who were elderly or disabled within the first 60 days of employment. Employee #6, hired 1/24/08, revealed no documented evidence of 4 hours of initial training related to individuals who were elderly or disabled within the first 60 days of employment. Severity: 2 Scope: 1	Y1001		
Y1010 SS=D	449.2764(1) MI Training NAC 449.2764 1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. This Regulation is not met as evidenced by: Based on personnel record review, the facility	Y1010		

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Y1010	<p>Continued From page 8</p> <p>failed to ensure 3 of 10 employees (#2, #5, #6,) received the initial 8 hours of initial training related to mental illness in the first 60 days of employment.</p> <p>Findings include:</p> <p>Employee #2, hired 1/14/08, revealed no documented evidence of 8 hours of initial training related to mental illness required within the first 60 days of employment.</p> <p>Employee #5, hired 1/24/08, revealed no documented evidence of 8 hours of initial training related to mental illness required within the first 60 days of employment.</p> <p>Employee #6, hired 1/24/08, revealed no documented evidence of 8 hours of initial training related to mental illness required within the first 60 days of employment.</p> <p>Severity: 2 Scope: 1</p>	Y1010			

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